

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	10/27
O.I.P.E. CLASSIFIER		59	11/7
FORMALITY REVIEW	DM	72223	12/7/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	50/12/00
1	50/12/00
2	50/12/00
3	50/12/00
4	50/12/00
5	50/12/00
6	50/12/00
7	50/12/00
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Claim	Date
Final Original	50/12/00
51	50/12/00
52	50/12/00
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100	50/12/00

Claim	Date
Final Original	50/12/00
101	50/12/00
102	50/12/00
103	50/12/00
104	50/12/00
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107	50/12/00
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146	50/12/00
147	50/12/00
148	50/12/00
149	50/12/00
150	50/12/00

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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